Case 17-14565-ref Doc 50 Filed 01/24/18 Entered 01/24/18 10:38:08 Desc Main Document Page 1 of 5

Fill in this information to identify your case:			
Debtor 1	Kevin James Keller		
•	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the:	Eastern District o	f Pennsylvania
Case number (If known)	17-14565	REF	

#### Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

an	y additional pages, write your name and case ու	ımber (if known).			
Pa	ort 1: List All of Your PRIORITY Unsecur	ed Claims			
1.	Do any creditors have priority unsecured claim  ☐ No. Go to Part 2.  ☑ Yes.	s against you?			
2.	each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the unsecured claims, fill out the Continuation Page of	reditor has more than one priority unsecured claim, list to a claim has both priority and nonpriority amounts, list the claims in alphabetical order according to the creditor's no Part 1. If more than one creditor holds a particular claim	nat claim here a name. If you hav	nd show both pri-	ority and priority
	(For an explanation of each type of claim, see the	instructions for this form in the instruction booklet.)	Total claim	Priority amount	Nonpriority amount
2.1	Internal Revenue Service Priority Creditor's Name	Last 4 digits of account number 4237	\$ <u>140,645</u>	\$ <u>140,645</u>	\$ <u>0</u>
	Department of the Treasury  Number Street	When was the debt incurred? 11/12/2009			
	Cincinnati, OH 45999-0030 City State ZIP Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that appl  Contingent Unliquidated Disputed	у.		
	Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	Type of PRIORITY unsecured claim:  Domestic support obligations  Taxes and certain other debts you owe the government  Claims for death or personal injury while you were		2018 JAN 24 J.S. BANKRUP	
	Is the claim subject to offset? ☑ No ☐ Yes	intoxicated  Other. Specify	<b></b>	IN 24 KRUP)	Ë
2.2	Prionty Creditor's Name	Last 4 digits of account number		AM 9:	
	Number Street	As of the date you file, the claim is: Check all that appl  Contingent	y. 1	9: 45 COURT &	
	City State ZIP Code  Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	)X/(	υ <b>ζ</b> ,	
	☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:  Domestic support obligations			
	☐ At least one of the debtors and another☐ Check if this claim is for a community debt	<ul> <li>Taxes and certain other debts you owe the government</li> <li>Claims for death or personal injury while you were intoxicated</li> </ul>			
	Is the claim subject to offset? ☐ No ☐ Yes	Other. Specify	-		

Pa	Part 2: List All of Your NONPRIORITY Unsecured Claims				
3.	Do any creditors have nonpriority unsecured claims again  No. You have nothing to report in this part. Submit this form  Yes	•			
4.	nonpriority unsecured claim, list the creditor separately for each	etical order of the creditor who holds each claim. If a creditor has h claim. For each claim listed, identify what type of claim it is. Do not claim, list the other creditors in Part 3.If you have more than three not	list claims already		
	7		Total claim		
4.1	First Premier Card	Last 4 digits of account number	s 450		
	Nonpriority Creditor's Name	When was the debt incurred?	\$ 100		
	3820 N. Louise Avenue Number Street	<del></del>			
	Sioux Falls, SD 57107				
ļ	City State ZIP Code	As of the date you file, the claim is: Check all that apply.			
	Who incurred the debt? Check one.	☐ Contingent ☑ Unliquidated			
	Debtor 1 only	☑ Unliquidated ☐ Disputed			
	Debtor 2 only	_ Disputed			
j	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:			
İ	At least one of the debtors and another	☐ Student loans			
	Check if this claim is for a community debt	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>			
1	ls the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts			
	☑ No	Other. Specify Credit Card Debt			
	☐ Yes				
4.2	Navient	Last 4 digits of account number	<b>\$</b> _5,756		
	Nonpriority Creditor's Name	When was the debt incurred?			
	123 S Justison St Ste 30	Manufacture P			
	Number Street Wilmington, DE 19801	As of the date you file, the claim is: Check all that apply.			
	City State ZIP Code	Contingent			
	Who incurred the debt? Check one.	☑ Unliquidated			
- Carlotte	☑ Debtor 1 only	☐ Disputed			
	Debtor 2 only	Type of NONPRIORITY unsecured claim:			
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Student loans			
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce			
	☐ Check If this claim is for a community debt	that you did not report as priority claims			
	ls the claim subject to offset?	<ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other. Specify</li> </ul>			
	☑ No ☐ Yes	Culer. Specify			
	Land 1 CD	MACKET (MILE) A 18 COMMAND REPORTED THE REPORT OF THE PROPERTY AND A THE PROPERTY OF THE PROPE	interesta este este esta esta esta esta esta		
4.3	American Dental	Last 4 digits of account number	<b>\$</b> 279		
	Nonpriority Creditor's Name 900 Corporate Drive	When was the debt incurred?			
1	Number Street				
	Reading, PA 19605	As of the date you file, the claim is: Check all that apply.			
	City State ZIP Code	☐ Contingent			
	Who Incurred the debt? Check one.	☑ Unliquidated			
	☑ Debtor 1 only ☐ Debtor 2 only	☐ Disputed			
	Debtor 2 only  Debtor 1 and Debtor 2 only	Tune of NONDRIODITY			
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community debt	<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce</li></ul>			
	Is the claim subject to offset?	that you did not report as priority claims			
	1) No	Debts to pension or profit-sharing plans, and other similar debts			
	☐ Yes	Other Specify Medical Bill			

Part	2.

Your NONPRIORITY Unsecured Claims — Continuation Page

		<sub>\$</sub> 195
Holmesburg Family Medicine	Last 4 digits of account number	
P.O. Box 538	When was the debt Incurred?	
umber Street	An of the date year file the states in Check all the same	
Howell, NJ 07731	As of the date you file, the claim is: Check all that apply.	
ity State ZIP Code	Contingent	
Who incurred the debt? Check one.	☑ Unliquidated	
	☐ Disputed	
Debtor 1 only	Tune of NONDRIGHTY was a sured eleien	
Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
_	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?	Other. Specify Medical Bill	
1 No		
Yes		
Childrens Clinic	Last 4 digits of account number	<sub>\$</sub> 148
Ionpriority Creditor's Name	——————————————————————————————————————	Ψ
510 North Park Road Ste 1	When was the debt incurred?	
lumber Street	_	
Wyomissing, PA 19610	As of the date you file, the claim is: Check all that apply.	
ity State ZIP Code	Contingent	
	☑ Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only		
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community debt	you did not report as priority claims	
s the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other, Specify Medical Bill	
No	Other, Specify Micdioar Diff	
⊒ No ⊒ Yes		
Most Boading Padiology	Last 4 digits of account number	\$ <u>113</u>
West Reading Radiology  Input of the state o		
	When was the debt incurred?	
2491 Paxton Street umber Street		
Harrisburg, PA 17111	As of the date you file, the claim is: Check all that apply.	
ity State ZIP Code	Contingent	
W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☑ Unliquidated	
Vho incurred the debt? Check one.	☐ Disputed	
Debtor 1 only		
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims	
s the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
No	Other. Specify Medical Bill	
☑ No ☑ Yes		
I YAC		

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### Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

r listing any entries on this page, number them beginning with	4.5, followed by 4.6, and so forth.	Total cla
Berks Storage	Last 4 digits of account number	\$_346
Nonpriority Creditor's Name		
220 North Duke Street		
Number Street	As of the date you file, the claim is: Check all that apply.	
Lancaster, PA 17602 City State ZIP Code	Contingent	
Old Zii oddo	☑ Unliquidated	
Who incurred the debt? Check one.	Disputed	
Debtor 1 only		
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
Charle if this states in face a service that	you did not report as priority claims	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify Random Bill	
<b>≦</b> No		
Yes		
Grandview	Last 4 digits of account number	<b>\$</b> 1,674
Nonpriority Creditor's Name		
P.O. Box 10689	When was the debt incurred?	
Number Street		
Brooksville, FL 34603	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
	☐ Unliquidated	
Who incurred the debt? Check one.	Disputed	
Debtor 1 only	. 1	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	<ul> <li>Obligations arising out of a separation agreement or divorce that</li> </ul>	
Obsale Making alating in face a community of the	you did not report as priority claims	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify Random Bill	
□ No		
Yes		
nchar in seemaks amerika articum tingga tingga seemaka an	Last 4 digits of account number	\$
Nonpriority Creditor's Name		
	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
NATIonal Street Street and Advantage College	Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only		
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims	
-	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify	
□ No		
☐ Yes		

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.				
		Total claim		
Total claims	6a. Domestic support obligations	6a.		
from Part 1	6b. Taxes and certain other debts you owe the government	6b. <u>\$_140,645</u>		
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$</u>		
	6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d. + <sub>\$</sub>		
	6e. <b>Total.</b> Add lines 6a through 6d.	6e. \$\frac{140,645}{}		
		Total claim		
Total claims	6f. Student loans	6f. <u>\$ 6,756</u>		
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$		
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <sub>\$</sub>		
	<ol><li>Other. Add all other nonpriority unsecured claims. Write that amount here.</li></ol>	6i. <b>+</b> ş		
	6j. <b>Total.</b> Add lines 6f through 6i.	6j. <sub>\$_6,756</sub>		